

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343459 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Majority Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 28 / 2014</div> </div>		
Mailing Address 135 Professional Drive, Suite 104			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42871.82</div>		
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D160089 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2014</div> </div>		
Purpose of Expenditure Printed advertising for mailing		Category/ Type	Name of Federal Candidate Sen. Pat Roberts		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Majority Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 29 / 2014</div> </div>		
Mailing Address 135 Professional Drive, Suite 104			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90937.13</div>		
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D160090 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2014</div> </div>		
Purpose of Expenditure Printed advertising for mailing		Category/ Type	Name of Federal Candidate Sen. Lamar Alexander		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	133808.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	133808.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Date

 MM / DD / YYYY
 07 / 28 / 2014

Signature